AFFIDAVIT OF FINANCIAL STATUS AND **REQUEST FOR WAIVER OF PRE-TRIAL DIVERSION FEES**

HAMILTON COUNTY PROSECUTING ATTORNEY'S OFFICE

CAUSE NUMBER: 29

To determine whether or not you are eligible for a waiver of Pre-Trial Diversion fees, please state accurately and completely the following information:

| Demographics | Name: | | | Age: _ | 0 |
|---------------------|---|--|-------------------------|--------|-----|
| | Date of Birth: | Soci | Social Security Number: | | |
| | Street Address: | Tele | Telephone Number: | | |
| | City: | State | e: | Zip Co | de: |
| Employment & Income | ☐ Child Support | accounts: Money owe When: come (by type and a | Amo mount receivedHHH | | |
| Marital Status | Marital Status: If married, Spouse's Name: Spouse's Address: Spouse's Occupation: Spouse's approximate monthly | Employer: BRING HOME inc | ome: | | |

| | If unemployed, how long has spouse been unemployed? | | | | | |
|-------------------|---|------------|--|--|--|--|
| Spousal Income | Why is your spouse unemployed? Does your spouse have any other sources of income (by type and amount received each | ch term): | | | | |
| | | | | | | |
| Household Members | Who else lives in your residence? NAME AGE OCCUPATION WEEKLY INCOME | <u>OME</u> | | | | |
| | Do you own Real Estate? If you own real estate: Its value: Amount still owed: Do you pay rent? If you pay rent, how much is your monthly rent payment? | | | | | |
| | Do you own any type of motor vehicle (Car, Truck, Motorcycle, etc.): | | | | | |
| Property | MAKE and MODEL YEAR VALUE AMOUNT OW | <u>⁄ED</u> | | | | |
| | | | | | | |
| Pr | Do you own any other assets worth \$250.00 or more (e.g., boat, furniture, trailer, etc.): | | | | | |
| | DESCRIPTION YEAR VALUE AMOUNT OW | <u>/ED</u> | | | | |
| | | | | | | |
| | | | | | | |

| | r \$250.00 or more: | | | |
|---------|--|---|--|--|
| Debts | CREDITOR | AMOUNT OWED | | |
| | ••••• | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Request | Why should your Deferral f | fees he waived? | | |
| | wify should your Deferral i | tees be warved. | | |
| | | | | |
| Re | | | | |
| | | | | |
| | | the information given above will be used to determine whether or ny Pre-Trial Diversion fees waived by the Hamilton County ffice. | | |
| | Under the pains and penalties for perjury, I hereby solemnly swear, or affirm, that the information above is true and correct to the best of my knowledge, information and belief. | | | |
| | Date: | Signature: | | |
| | | | | |
| | | | | |
| | | | | |
| | • | FOR OFFICE LIST ONLY | | |
| | FOR OFFICE USE ONLY Approved? Yes No | | | |
| | | | | |
| | Date | Signature of (Deputy) Prosecuting Attorney/Diversion Coordinator | | |